## Hospital Bed Inventory (Oakland, Wayne, City of Detroit)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Surgeons Choice Medical Center	63-0013	1	Southfield	45	30	
Pioneer Specialty Hospital-Southfield	63-0005	1	Southfield	0	15	
Beaumont Hospital - Farmington Hills	63-0050	1	Farmington Hills	305	305	
DMC Surgery Hospital	63-0060	1	Madison Heights	36	0	
Ascension Macomb Oakland Hospital	63-0080	1	Madison Heights	133	133	
Providence - Providence Park Hospital	63-0130	1	Southfield	359	359	
Straith Hospital for Special Surgery	63-0150	1	Southfield	34	34	
Garden City Hospital	82-0070	1	Garden City	309	309	
Pioneer Specialty Hospital - Garden City	82-0004	1	Garden City	14	14	
St. Mary Mercy Livonia Hospital	82-0190	1	Livonia	273	273	
Children's Hospital of Michigan	83-0080	1	Detroit	228	253	
Henry Ford Hospital	83-0190	1	Detroit	877	877	
Harper University Hospital	83-0220	1	Detroit	470	470	
Hutzel Women's Hospital	83-0240	1	Detroit	114	114	
Vibra of Southeastern - Mi - DMC Campus	83-0002	1	Detroit	28	28	
DMC Rehabilitation Institute of Mich	83-0410	1	Detroit	69	69	
Sinai- Grace Hospital	83-0450	1	Detroit	383	383	
Detroit Receiving Hospital	83-0500	1	Detroit	248	248	
Karmanos Cancer Center	83-0520	1	Detroit	123	123	
Select Specialty Hospital- N W Detroit**	83-0523	1	Detroit	36	36	830523A -new ID
Hospital Group Total				4084	4073	
Hospital Group Bed Need					2964	
Unmet Bed Need (Excess)					(1109)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

			• • • • • • • • • • • • • • • • • • • •					
	Hospital N	lame		Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date.								

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

## **Hospital Bed Inventory (Oakland)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Huron Valley-Sinai Hospital	63-0014	1	Commerce Town	158	158	
Beaumont Hospital, Royal Oak	63-0030	1	Royal Oak	1070	1070	
Ascension Crittenton Hospital	63-0070	1	Rochester	270	270	
Doctor's Hospital of Mich	63-0110	1	Pontiac	306	306	
Pioneer Specialty Hospital	63-0002	1	Pontiac	30	28	
McLaren Oakland	63-0120	1	Pontiac	278	280	
St. Joseph Mercy Oakland	63-0140	1	Pontiac	410	464	
Beaumont Hospital - Troy	63-0160	1	Troy	520	520	
Selece Specialty Hospital-Pontiac**	63-0172	1	Pontiac	30	30	
Henry Ford West Bloomfield Hospital	63-0176	1	West Bloomfield	191	191	
Providence Medical Center	63-0177	1	Novi	244	244	
Hospital Group Total				3507	3561	
Hospital Group Bed Need					2827	
Unmet Bed Need (Excess)					(734)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

		• • • • • • • • • • • • • • • • • • • •					
	Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal	
None to date							

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

## Hospital Bed Inventory (Macomb, Wayne, City of Detroit)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
McLaren Macomb	50-0060	1	Mt Clemens	288	288	
Ascension Macomb Oakland Hospital - Warren	50-0070	1	Warren	348	348	
Henry Ford Macomb Hospital	50-0110	1	Clinton Twp	361	361	
Select Specialty Hosp - Macomb**	50-0111	1	Mt Clemens	36	36	
Beaumont Hospital, Grosse Pointe	82-0030	1	Grosse Pointe	280	280	
Henry Ford Medical Ctr Cottage	82-0040	1	Grosse Pointe Farms	4	4	
Select Specialty Hospital**@ St. John	82-0276	1	Detroit	26	26	
Ascension St. John Hospital	83-0420	1	Detroit	687	687	
Hospital Group Total				2030	2030	
Hospital Group Bed Need					1687	
Unmet Bed Need (Excess)					(343)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

#### Hospital Bed Inventory (Monroe, Wayne)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Promedica Monroe Regional Hospital	58-0030	1	Monroe	217	217	
Beaumont Hospital - Wayne	82-0010	1	Wayne	185	185	
Beaumont Hospital - Dearborn	82-0120	1	Dearborn	632	632	
Vibra of Southeastern Michigan **	82-0130	1	Lincoln Park	192	192	
Vibra SE Michigan-Taylor Campus	82-0001	1	Taylor	40	40	
Beaumont Hospital - Trenton	82-0170	1	Trenton	193	193	
Henry Ford Wyandotte Hospital	82-0230	1	Wyandotte	322	322	
Beaumont Hospital - Taylor	82-0250	1	Taylor	157	157	
Select Specialty Hospital-Wyandotte**	82-0272	1	Wyandotte	35	35	
Hospital Group Total				1973	1973	
Hospital Group Bed Need					1292	
Unmet Bed Need (Excess)					(681)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

		• • • • • • • • • • • • • • • • • • • •					
	Hospital Name	9	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date							

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

## Hospital Bed Inventory (Livingston, Washtenaw)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
St. Joseph Mercy Livingston Hospital	47-0020	1	Howell	131	66	
St. Joseph Mercy Hospital	81-0030	1	Ann Arbor	513	524	
Univ of Michigan Health System	81-0060	1	Ann Arbor	1000	1000	
St. Joseph Mercy Chelsea	81-0080	1	Chelsea	103	103	
Select Specialty Hospital - Ann Arbor**	81-0081	1	Ypsilanti	36	36	
Hospital Group Total				1783	1729	
Hospital Group Bed Need					1287	
Unmet Bed Need (Excess)					(442)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None at this time.					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

## Hospital Bed Inventory (St. Clair)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Lake Huron Medical Center	74-0010	1	Port Huron	144	144	
McLaren Port Huron Hospital	74-0020	1	Port Huron	163	163	
Ascension River District Hospital	74-0030	1	East China	68	68	
Hospital Group Total				375	375	
Hospital Group Bed Need					259	
Unmet Bed Need (Excess)					(116)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

## Hospital Bed Inventory (Clinton, Eaton, Ingham)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Sparrow Clinton Hospital**	19-0011	2	St Johns	25	25	
Eaton Rapids Medical Center**	23-0021	2	Eaton Rapids	20	20	
Hayes Green Beach Mem Hospital**	23-0022	2	Charlotte	25	25	
McLaren Orthopedic Hospital	33-0010	2	Lansing	53	224	
McLaren Greater Lansing	33-0020	2	Lansing	310	111	
Sparrow Health System - St. Lawerence	33-0050	2	Lansing	50	50	
Edward W Sparrow Hospital	33-0060	2	Lansing	573	573	
Sparrow Specialty Hospital (2) **	33-0061	2	Lansing	30	30	
Hospital Group Total				1086	1058	
Hospital Group Bed Need					802	
Unmet Bed Need (Excess)					(256)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup> Table may not include hospitals placed under 'No Group (NH)'. For a list, go to page 34.

#### **Hospital Bed Inventory (Jackson)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Henry Ford Allegiance Health	38-0010	2	Jackson	325	325	
Henry Ford Allegiance CareLink **	38-0051	2	Jackson	64	64	
Hospital Group Total				389	389	
Hospital Group Bed Need					306	
Unmet Bed Need (Excess)					(83)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

#### **Hospital Bed Inventory (Lenawee)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Promedica Bixby Hospital**	46-0020	2	Adrian	88	88	
Proedica Herrick Hospital**	46-0052	2	Tecumseh	25	25	
Hospital Group Total				113	113	
Hospital Group Bed Need					64	
Unmet Bed Need (Excess)					(49)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Allegan, Kalamazoo, Van Buren)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Ascension Borgess Pipp Hospital**	03-0031	4	Plainwell	43	43	
Allegan General Hospital**	03-0032	4	Allegan	25	25	
Ascension Borgess Hospital	39-0010	3	Kalamazoo	372	372	
Bronson Methodist Hospital	39-0020	3	Kalamazoo	434	434	
Bronson LakeView Hospital**	80-0041	3	Paw Paw	25	25	
Hospital Group Total				899	899	
Hospital Group Bed Need					770	
Unmet Bed Need (Excess)					(129)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Branch, Calhoun, Hillsdale)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
ProMedica Coldwater Regional Hospital **	12-0010	3	Coldwater	71	71	
Bronson Battle Creek	13-0031	3	Battle Crk	179	189	
Select Specialty Hospital**	13-0112	3	Battle Crk	25	25	ACO 39-0032
Oaklawn Hospital	13-0080	3	Marshall	77	77	
Hillsdale Hospital	30-0010	2	Hillsdale	65	65	
Hospital Group Total				417	427	
Hospital Group Bed Need					319	
Unmet Bed Need (Excess)					(108)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Bed Inventory (Berrien, Cass)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Lakeland Regional Health System, St. Joseph	11-0050	3	St. Joseph	215	215	
Lakeland Hospital, Niles	11-0070	3	Niles	76	76	
Ascension Borgess Lee Hospital**	14-0010	3	Dowagiac	25	25	
Hospital Group Total				316	316	
Hospital Group Bed Need					184	
Unmet Bed Need (Excess)					(132)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.
\*\*\*Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Berrien, St. Joseph, Van Buren)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Lakeland Hospital Watervliet	11-0040	3	Watervliet	44	44	
Sturgis Hospital**	75-0010	3	Sturgis	84	84	
Three Rivers Area Health**	75-0020	3	Three Rivers	60	60	
Bronson South Haven Hospital	80-0020	3	South Haven	49	49	
Hospital Group Total				237	237	
Hospital Group Bed Need					63	
Unmet Bed Need (Excess)					(174)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Barry, Kent)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Spectrum Health Pennock Hospital	08-0010	3	Hastings	25	25	
Spectrum Hlth-Blodgett Campus	41-0010	4	Grand Rapids	283	318	
Select Special Care Hospital-Spectrum Health**	41-0002	4	Grand Rapids	36	36	ACO 41-0090
Spectrum Hlth-Butterworth Campus	41-0040	4	Grand Rapids	852	853	
Metro Health Hospital	41-0060	4	Grand Rapids	208	208	
Mary Free Bed Rehabilitation Hospital	41-0070	4	Grand Rapids	119	119	
St. Mary's Health Care	41-0080	4	Grand Rapids	275	275	
Spectrum Hlth Hospital - fuller Campus	41-0090	4	Grand Rapids	40	20	ACO 41-0003
Hospital Group Total				1838	1854	
Hospital Group Bed Need					1409	
Unmet Bed Need (Excess)					(445)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Muskegon, Newaygo, Oceana)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Mercy Health Muskegon-Clinton	61-0010	4	Muskegon	186	163	
Mercy Health Muskegon-Sherman	61-0020	4	Muskegon	196	219	
Select Specialty - Hospital Muskegon**	61-0051	4	Muskegon	31	31	
Spectrum Health Gerber Memorial	62-0010	4	Fremont	25	25	
Mercy Health - Lakeshore Campus**	64-0021	4	Shelby	24	24	
Hospital Group Total				462	462	
Hospital Group Bed Need					322	
Unmet Bed Need (Excess)					(140)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Bed Inventory (Ottawa)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
North Ottawa Community Hospital	70-0010	4	Grand Haven	81	81	
Holland Hospital	70-0020	4	Holland	173	173	
Zeeland Community Hospital	70-0030	4	Zeeland	57	57	
Hospital Group Total				311	311	
Hospital Group Bed Need					170	
Unmet Bed Need (Excess)					(141)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

\*\*\*Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Bed Inventory (Gratiot, Ionia, Montcalm)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
MidMichigan Medical Center - Gratiot**	29-0010	6	Alma	67	67	
Sparrow Ionia Hospital**	34-0021	4	Ionia	22	22	
Sparrow Carson Hospital**	59-0010	4	Carson City	61	61	
Sheridan Community Hospital**	59-0030	4	Sheridan	22	22	
Spectrum Health United Hospital**	59-0060	4	Greenville	49	49	
Spectrum Health - Kelsey Hospital**	59-0201	4	Lakeview	16	16	
Hospital Group Total				237	237	
Hospital Group Bed Need					129	
Unmet Bed Need (Excess)					(108)	
Offiliet Bed Need (Excess)					(108)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Mecosta, Osceola, Wexford)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Spectrum Health Big Rapids Hospital**	54-0030	4	Big Rapids	69	49	
Spectrum Health Reed City Hospital**	67-0021	4	Reed City	25	25	
Munson Healthcare Cadillac Hospital**	84-0010	7	Cadillac	49	49	
Hospital Group Total				143	123	
Hospital Group Bed Need					79	
Unmet Bed Need (Excess)					(44)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Genesee, Lapeer, Shiawassee)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Hurley Medical Center	25-0040	5	Flint	383	383	
McLaren Regional Medical Center	25-0050	5	Flint	342	342	
Genesys Regional Medical Center	25-0072	5	Grand Blanc	400	400	
Select Specialty Hospital- Flint**	25-0071	5	Flint	26	26	
McLaren Lapeer Region	44-0010	5	Lapeer	183	183	
Memorial Healthcare**	78-0010	5	Owosso	107	107	
Hospital Group Total				1441	1441	
Hospital Group Bed Need					1279	
Unmet Bed Need (Excess)					(162)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

#### Hospital Bed Inventory (Bay, Midland, Saginaw, Tuscola)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
McLaren Bay Special Care **	09-0010	6	Bay City	31	31	
McLaren Bay Regional**	09-0020	6	Bay City	20	20	
McLaren Bay Region	09-0050	6	Bay City	356	356	
Midmichigan Medical Center - Midland**	56-0020	6	Midland	308	308	
Covenant Medical Center - Cooper	73-0020	6	Saginaw	290	277	
Covenant Medical Center - Northern Michigan	73-0030	6	Saginaw	56	59	
St. Mary's of Michigan	73-0050	6	Saginaw	268	268	
Healthsource Saginaw, Inc.	73-0060	6	Saginaw	45	25	
Covenant Medical Center - Harrison	73-0061	6	Saginaw	277	287	
Select Specialty Hospital - Saginaw**	73-0062	6	Saginaw	32	32	
McLaren Caro Region**	79-0032	6	Caro	25	25	
Hospital Group Total				1708	1688	
Hospital Group Bed Need					1147	
Unmet Bed Need (Excess)					(541)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Huron, Sanilac, Tuscola)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
McLaren Thumb Region**	32-0020	6	Bad Axe	58	58	
Scheurer Hospital**	32-0030	6	Pigeon	25	25	
Harbor Beach Community Hospital**	32-0040	6	Harbor Beach	15	15	
Deckerville Com Hospital**	76-0010	6	Deckerville	15	15	
McKenzie Memorial Hospital**	76-0030	6	Sandusky	25	25	
Marlette Regional Hospital**	76-0041	6	Marlette	25	25	
Hills & Dales General Hospital**	79-0031	6	Cass City	25	25	
Hospital Group Total				188	188	
Hospital Group Bed Need					47	
Unmet Bed Need (Excess)					(141)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Clare, Gladwin, Isabella)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
MidMichigan Medical Center - Clare**	18-0010	6	Clare	49	49	
MidMichigan Medical Center-Gladwin**	26-0011	6	Gladwin	25	25	
McLaren Central Michigan **	37-0010	6	Mt Pleasant	118	118	
Hospital Group Total				192	192	
Hospital Group Bed Need					59	
Unmet Bed Need (Excess)					(133)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

#### Hospital Bed Inventory (Arenac, Iosco, Ogemaw)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
St. Mary's Standish Community Hosp**	06-0020	6	Standish	25	25	
Tawas St Joseph Hospital**	35-0010	6	Tawas City	47	47	
MidMichigan Medical Center West Branch**	65-0010	6	West Branch	88	88	
Hospital Group Total				160	160	
Hospital Group Bed Need					63	
Unmet Bed Need (Excess)					(97)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Crawford, Grand Traverse, Kalkaska, Otsego)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Mercy Hospital - Grayling**	20-0020	7	Grayling	71	71	
Munson Medical Center**	28-0010	7	Traverse City	425	425	
Kalkaska Memorial Health Center**	40-0020	7	Kalkaska	8	8	
Munson Healthcare Otsego Memorial Hospital LTCU**	69-0020	7	Gaylord	46	46	
Hospital Group Total				550	550	
Hospital Group Bed Need					426	
Unmet Bed Need (Excess)					(124)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Charlevoix, Cheboygan, Emmet)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Munson Healthcare Charlevoix Hospital**	15-0021	7	Charlevoix	25	25	
McLaren Northern Michigan**	24-0030	7	Petoskey	202	202	
Hospital Group Total				227	227	
Hospital Group Bed Need					181	
Unmet Bed Need (Excess)					(46)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

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Hospi	tal Name		Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date							

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Alpena, Presque Isle)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Alpena Regional Medical Center**	04-0010	7	Alpena	124	124	
Hospital Group Total				124	124	
Hospital Group Bed Need					84	
Unmet Bed Need (Excess)					(40)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

#### Hospital Bed Inventory (Benzie, Manistee, Mason)

Hospital Name	Facility Number	HSA	City	Licensed Beds	Department Inventory*	NOTES
Paul Oliver Memorial Hospital**	10-0020	7	Frankfort	8	8	
Munson Healthcare Manistee Hospital	51-0020	7	Manistee	45	45	
Spectrum Health Ludington Hospital **	53-0010	4	Ludington	49	49	
Hospital Group Total				102	102	
Hospital Group Bed Need					64	
Unmet Bed Need (Excess)					(38)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

#### **Hospital Bed Inventory (Delta, Marquette)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
St. Francis Hospital**	21-0010	8	Escanaba	25	25	
UP Health System - Marquette**	52-0050	8	Marquette	264	232	
Bell Memorial Hospital**	52-0051	8	Ishpeming	25	25	
Hospital Group Total				314	282	
Hospital Group Bed Need					255	
Unmet Bed Need (Excess)					(27)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

#### Hospital Bed Inventory (Baraga, Dickinson, Iron)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Baraga County Memorial Hospital**	07-0020	8	L'Anse	15	15	
Dickinson County Memorial Hospital**	22-0020	8	Iron Mountain	49	49	
Aspirus Iron River Hospital & Clinics, Inc. **	36-0021	8	Iron River	25	25	
Hospital Group Total				89	89	
Hospital Group Bed Need					50	
Unmet Bed Need (Excess)					(39)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Bed Inventory (Gogebic, Houghton, Ontonagon)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Aspirus Ironwood Hospital**	27-0022	8	Ironwood	25	25	
UP Health System Portage**	31-0020	8	Hancock	36	36	
Aspirus Keweenaw Hospital**	31-0021	8	Laurium	25	25	
Aspirus Ontonagon Hospital**	66-0020	8	Ontonagon	25	25	
Hospital Group Total				111	111	
Hospital Group Bed Need					50	
Unmet Bed Need (Excess)					(61)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Bed Inventory (Chippewa, Luce)**

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Chippewa Co War Memorial Hospital**	17-0020	8	Sault Ste Marie	82	82	
Helen Newberry Joy Hospital**	48-0020	8	Newberry	25	25	
Hospital Group Total				107	107	
Hospital Group Bed Need					69	
Unmet Bed Need (Excess)					(38)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

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	Hospital Name		Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date							

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## Hospital Bed Inventory (Alger, Schoolcraft)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Munising Memorial Hospital**	02-0010	8	Munising	11	11	
Schoolcraft Memorial Hospital**	77-0010	8	Manistique	12	12	
Hospital Group Total				23	23	
Hospital Group Bed Need					7	
Unmet Bed Need (Excess)					(16)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

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Hospi	tal Name		Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date							

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Bed Inventory (Mackinac)**

Hospital Name	Facility Number	HSA	City	Licensed Beds	Department Inventory*	NOTES
Mackinac Straits Hospital**	49-0030	7	St Ignace	15	15	
Hospital Group Total				15	15	
Hospital Group Bed Need					4	
Unmet Bed Need (Excess)					(11)	

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

## **Hospital Group NG**

#### Hospital Bed Inventory (Allegan, Kent, Livingston, Macomb, Washtenaw, City of Detroit)

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES
Brighton Hospital	47-0010	1	Brighton	41	41	
Henry Ford Macomb Hospital**	50-0080	1	Mt Clemens	5	5	
SE Michigan Surgical Hospital**	50-0100	1	Warren	20	20	
Forest Health Medical Center	81-0010	1	Ypsilanti	68	68	
Kindred Hospital Detroit**	83-0521	1	Detroit	77	77	SEE HG-1
Hospital Group Total				211	211	
Hospital Group Bed Need						
Unmet Bed Need (Excess)						

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
None to date					

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.

HG	Lic Beds	Dept Inv Beds	Curr Bed Need	Need or (Surpl)
1	4,084	4,073	2,964	(1,109)
2	3,507	3,561	2,827	(734)
3	2,030	2,030	1,687	(343)
4	1,973	1,973	1,292	(681)
5	1,783	1,729	1,287	(442)
6	375	375	259	(116)
7	1,086	1,058	802	(256)
8	389	389	306	(83)
9	113	113	64	(49)
10	899	899	770	(129)
11	417	427	319	(108)
12	316	316	184	(132)
13	237	237	63	(174)
14	1,838	1,854	1,409	(445)
15	462	462	322	(140)
16	311	311	170	(141)
17	237	237	129	(108)

HG	Lic Beds	Dept Inv Beds	Curr Bed Need	Need or (Surpl)
18	143	123	79	(44)
19	1,441	1,441	1,279	(162)
20	1,708	1,688	1,147	(541)
21	188	188	47	(141)
22	192	192	59	(133)
23	160	160	63	(97)
24	550	550	426	(124)
25	227	227	181	(46)
26	124	124	84	(40)
27	102	102	64	(38)
28	314	282	255	(27)
29	89	89	50	(39)
30	111	111	50	(61)
31	107	107	69	(38)
32	23	23	7	(16)
33	15	15	4	(11)
NG	211	211	0	0
Total	25,762	25,677	18,718	-6,748

## **Excluded Hospitals**

FACILITY NO	FACILITY NAME	LICENCED BEDS	COUNTY DESIGNATION	HOSPITAL TYPE
02-0010	Munising Memorial Hospital		Rural	CA
03-0031	Borgess-Pipp Hospital		Micropolitan	AC
03-0032	Allegan General Hospital		Micropolitan	CA
04-0010	Alpena Regional Medical Center		Micropolitan	SC
06-0020	St. Mary'S of Michigan Standish Hospital		Rural	CA
07-0020	Baraga County Memorial Hospital		Rural	CA
09-0010	McLaren Bay Special Care		Metropolitan	LTAC
09-0020	Bay Regional Medical Center (West Campus)		Metropolitan	AC
10-0020	Paul Oliver Memorial Hospital		Micropolitan	CA
11-0080	Lakeland Specialty Hospital	#REF!	Metropolitan	LTAC
12-0010	Community Health Center of Branch County		Micropolitan	AC
14-0010	Borgess-Lee Memorial Hospital		Metropolitan	CA
15-0021	Charlevoix Area Hospital		Rural	CA
17-0020	Chippewa County War Memorial Hospital		Micropolitan	SC
18-0010	Midmichigan Medical Center Clare		Rural	AC
19-0010	Clinton Memorial Hospital		Metropolitan	CA
20-0020	Mercy Hospital - Grayling		Rural	SC
21-0010	St. Francis Hospital		Micropolitan	SC
22-0010	Dickinson County Healthcare System		Micropolitan	SC
23-0020	Eaton Rapids Medical Center		Metropolitan	CA
23-0021	Hayes Green Beach Memorial Hospital		Metropolitan	CA
			Rural	SC
24-0030 25-0071	Northern Michigan Regional Hospital SSH - Flint		Metropolitan	LTAC
26-0011 27-0022	Midmichigan Medical Center - Gladwin Aspirus Grand View		Rural Rural	CA CA
	Munson Medical Center		Micropolitan	SC
28-0010 29-0010			Micropolitan	AC
30-0010	Midmichigan Medical Center- Gratiot		Rural	AC
31-0020	Hillsdale Community Health Center			SC
31-0020	Portage Hospital Aspirus Keweenaw Hospital		Micropolitan Micropolitan	CA
32-0021	Huron Memorial Hospital		Rural	SC
32-0020	· ·		Rural	CA
32-0030	Scheurer Hospital Harbor Beach Community Hospital		Rural	CA
33-0061	Sparrow Specialty Hospital	#REF!	Metropolitan	LTAC
	Sparrow Specially Hospital			CA
34-0021			Metropolitan Rural	SC
35-0010	St. Joseph Health System - Tawas		Rural	CA
36-0021 37-0010	Northstar Health System		Micropolitan	AC
	McLaren Central Michigan			
38-0051	Carelink of Jackson		Metropolitan Metropolitan	LTAC
39-0032	SSH - Kalamazoo	#REF!		LTAC
40-0020	Kalkaska Memorial Health Center		Micropolitan  Metropolitan	CA
41-0090 46-0020	Spectrum Health Kent Community Hospital		Micropolitan	LTAC
	Emma L. Bixby Medical Center			AC
46-0052	Herrick Medical Center		Micropolitan	CA
48-0020	Helen Newberry Joy Hospital		Rural	CA
49-0030	Mackinac Straits Health System, Inc.		Rural	CA
50-0080	Henry Ford Macomb Hospital - Mt. Clemens		Metropolitan	AC
50-0100	Southeast Michigan Surgical Hospital	#REF!	Metropolitan	AC
50-0111	SSH - Macomb		Metropolitan	LTAC
51-0020	West Shore Medical Center  Marguette Congress Health System		Rural	CA SC
52-0050	Marquette General Health System		Micropolitan	
52-0051	Bell Memorial Hospital		Micropolitan	CA
53-0010	Memorial Medical Center Of West Michigan		Rural	SC
54-0030	Mecosta County Medical Center		Micropolitan	SC
56-0020	Midmichigan Medical Center-Midland		Micropolitan	SC
59-0010	Carson City Hospital		Rural	AC
59-0030	Sheridan Community Hospital		Rural	CA
59-0060	Spectrum Health United Memorial - United		Rural	AC
59-0201	Spectrum Health United Memorial - Kelsey	16	Rural	CA

61-0051	Great Lakes Specialty Hospital - Hackley	31	Metropolitan	LTAC
41-0092	Select Specialty Hosp-Grand Rapids (ACO-61-0052)	20	Metropolitan	LTAC
63-0172	Select Specialty Hospital - Pontiac	30	Metropolitan	LTAC
64-0021	Mercy Health Partners, Lakeshore Campus	24	Rural	CA
65-0010	West Branch Regional Medical Center	88	Rural	SC
66-0020	Aspirus Ontonagon Hospital	25	Rural	CA
67-0021	Spectrum Health Reed City Hospital	25	Rural	CA
69-0020	Otsego Memorial Hospital	46	Rural	SC
71-0030	Rogers City Rehabilitation Hospital	#REF!	Rural	AC
73-0062	SSH - Saginaw	32	Metropolitan	LTAC
75-0010	Sturgis Hospital, Inc.	84	Rural	AC
75-0020	Three Rivers Health	60	Rural	AC
76-0010	Deckerville Community Hospital	15	Rural	CA
76-0030	Mckenzie Memorial Hospital	25	Rural	CA
76-0041	Marlette Regional Hospital	25	Rural	CA
77-0010	Schoolcraft Memorial Hospital	12	Rural	CA
78-0010	Memorial Healthcare	107	Micropolitan	AC
79-0031	Hills & Dales General Hospital	25	Rural	CA
79-0032	Caro Community Hospital	25	Rural	CA
80-0041	Bronson Lakeview Hospital	25	Metropolitan	CA
81-0081	SSH - Ann Arbor	36	Metropolitan	LTAC
82-0130	Vibra Of Southeastern Michigan	192	Metropolitan	LTAC
82-0272	SSH - Downriver	35	Metropolitan	LTAC
82-0276	SSH - Grosse Pointe	26	Metropolitan	LTAC
83-0521	Triump Hospital Detroit	77	Metropolitan	LTAC
83-0523	Select Specialty Hospital - NW Detroit,	36	Metropolitan	LTAC
84-0010	Mercy Hospital	49	Micropolitan	SC

HOSPITAL TYPE KEY				
AC	ACUTE CARE			
	CRITICAL ACCESS			
SC	SOLE COMMUNITY			
LTAC	LONG-TERM ACCUTE CARE			

# Limited Access Area (LAA) - 6 Hospital Bed Inventory

	Facility			Licensed	Department	
Hospital Name	Number	HSA	City	Beds	Inventory*	NOTES

LAA-6 Total		0	0
LAA-6 Bed Need			117
Unmet Bed Need (Excess)			117

<sup>\*</sup>Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not passed, nor decisions under appeal.

Hospital Name	Facility No.	App No.	Req. # Beds	Decision	Appeal
Beaumont Hospital-Oxford	63-0006	19-0018	117		

<sup>\*\*</sup> Excluded Hospital - Pursuant to Section 2(1)(m) of the CON Review Standards for Hospital Beds.

<sup>\*\*\*</sup>Table may not include hospitals placed under 'No Group (NG)'. For a list, go to page 34.